

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**

**APPLICATION FOR
APPOINTMENT OF SUCCESSOR
PERSONAL REPRESENTATIVE
(ESTATE NOT CLOSED)**

FILE NO. _____

Estate of _____

1. I am interested in this estate as _____.

2. ☐ a. _____, appointed personal representative of the estate,
Name

☐ died on _____, ☐ is now subject to a conservatorship,
and his/her appointment is terminated. (Certificate of death or letters of conservatorship are attached.)

☐ b. _____, personal representative of the estate, has executed a
Name
written statement of resignation and it is ☐ attached to this application. ☐ already on file in this court.

3. I adopt the statements in the application or petition that led to the appointment of the current personal representative, except as specifically changed or corrected as follows: (Attach separate sheet if necessary.) _____

4. I have priority to be appointed and/or to nominate a qualified person to act as a successor personal representative as follows: _____

5. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.) _____

6. It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.

7. I **REQUEST** that:

- a. ☐ The resigning personal representative
☐ The personal representative for the deceased personal representative
☐ The conservator for the current personal representative
be ordered to account for and deliver the estate property to the duly qualified successor.

b. _____, residing at _____, _____, _____, _____, _____
Name Address City State Zip
or some other suitable person, be appointed ☐ special ☐ successor personal representative in place of the
personal representative whose appointment has been terminated.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Applicant signature

Attorney name (type or print)

Bar no.

Applicant name (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

Do not write below this line - For court use only